

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

Page 1 of 3

STD 262 (REV 10/92)

CLAIMANT'S NAME Larry Grable		SSAN OR EMPLOYEE NUMBER [REDACTED]		DEPARTMENT Office of the Governor	
POSITION Director		CB/ID NUMBER		DIVISION OR BUREAU Riverside	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 3737 Main St #201		TELEPHONE NUMBER	
CITY Riverside		STATE CA		ZIP 92501	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
1-Apr	1	Academy Project									34 15 13		15 13
2-Apr	2	Dsersert Hot Springs GRC									124 55 18		55 18
3-Apr	3	IEUA Solar Event									58 25 81		25 81
3-Apr	4	Healthy San Bernardino									30 13 35		13 35
9-Apr	5	So Cal Transportation & Logistics Conference									56 24 92		24 92
9-Apr	6	SANBAG Groundbreaking									32 14 24		14 24
9-Apr	7	Fontana Leg Days									22 9 79		9 79
9-Apr	8	Riverside Sherriff Graduation									40 17 80		17 80
9-Apr	9	IEEP Reception									8 3 56		3 56
10-Apr	10	Moreno Valley Chamber									62 27 59		27 59
10-Apr	11	Pass Area EDA									74 32 93		32 93
10-Apr	12	S/W Leg Coalition									76 33 82		33 82
13-Apr	13	SB Salvation Army									36 16 02		16 02
SUBTOTALS			0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	652 290 14	0 00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												3 pgs = 854.85 \$290.14	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

See attached sheet

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER 4HRL721
MILEAGE RATE CLAIMED 0.445
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 240530

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES [REDACTED]	DATE 5-13-9	SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES [REDACTED]	DATE 5/18/09
		DATE 6-1-09	

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

Page 2 of 3

STD 262 (REV 10/92)

CLAIMANT'S NAME Larry Grable		SSAN OR EMPLOYEE NUMBER [REDACTED]		DEPARTMENT Office of the Governor	
POSITION Director		CB/D NUMBER		INDEX NUMBER	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 3737 Main St #201		TELEPHONE NUMBER	
CITY Riverside		STATE CA		ZIP 92501	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
14-Apr	14	California Volunteer									26 11 57		11 57
15-Apr	15	Rancho Cucamonga Legislative Affairs									22 9 79		9 79
15-Apr	16	Thriving & Surviving in these Economic times									26 11 57		11 57
15-Apr	17	Disaster Corp									40 17 80		17 80
16-Apr	18	Corona State of the City									30 13 35		13 35
16-Apr	19	Friends of the Ontario Airport									52 23 14		23 14
20-Apr	20	SB CDF									44 19 58		19 58
20-Apr	21	Murrieta/Temecula/Lake Arrowhead Chambers									78 34 71		34 71
21-Apr	22	Watham Academy									24 10 68		10 68
21-Apr	23	Desert Water									108 48 06		48 06
21-Apr	24	Jewish Federation of Palm Springs									44 19 58		19 58
21-Apr	25	Palm Springs Leg									8 3 56		3 56
21-Apr	26	SB Sheriff Council Dinner									28 12 46		12 46
			0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	530 235 85	0 00	
CLAIM TOTAL												\$235.85	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

See attached sheet

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

4HRL721

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754.

CLAIM

DATE

5-13-9

DATE

5/18/09

SIGN

DATE

6-1-09

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

Page 3 of 3

STD 262 (REV. 10/92)

CLAIMANT'S NAME Larry Grable		SSAN OR EMPLOYEE NUMBER [REDACTED]		DEPARTMENT Office of the Governor	
POSITION Director		CB/D NUMBER [REDACTED]		DIVISION OR BUREAU Riverside	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 3737 Main St #201		TELEPHONE NUMBER [REDACTED]	
CITY Riverside		STATE CA		ZIP 92501	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
22-Apr	27	CA Municipal Treasurers Conf									108 48.06		48.06
22-Apr	28	SB Valley Enterprise Zone									40 17.80	✓	17.80
22-Apr	29	Earth Day-Chino									56 24.92	✓	24.92
23-Apr	30	Pass Area Mayors Meeting									64 28.48		28.48
23-Apr	31	Bannig PD									12 5.34		5.34
23-Apr	32	Joint Apprenticeship Solar									38 16.91		16.91
23-Apr	33	League of Cities									162 72.09		72.09
24-Apr	34	League of Cities									32 14.24		14.24
27-Apr	35	Utum									102 45.39	✓	45.39
27-Apr	36	Omnitrans									26 11.57		11.57
28-Apr	37	ISS									48 16.91		16.91
29-Apr	38	March ARB									16 7.12		7.12
29-Apr	39	Upland State of the City									45 20.03		20.03
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	739 328.86	0.00	

CLAIM TOTAL

~~\$328.86~~

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

See attached sheet

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

4HRU721

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

DATE

5-13-09

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

5/18/09

DATE

6-1-09